



**STATE OF TENNESSEE**  
**DEPARTMENT OF FINANCE AND ADMINISTRATION**  
**ACH (AUTOMATED CLEARING HOUSE) CREDITS (Not Wire Transfers)**

NAME \_\_\_\_\_

Federal Identification Number or Social Security Number \_\_\_\_\_  
(under which you are doing business with the State.)

I (We) hereby authorize the State of Tennessee, hereafter called the STATE, to Initiate credit entries to my (our) (select type of account) \_\_\_\_\_ CHECKING or \_\_\_\_\_ SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

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Do you currently receive payments from the State through ACH? \_\_\_\_\_ (Yes or No). If yes, do you intend for this account information to replace other existing account information currently used by the State? \_\_\_\_\_ (Yes or No). If yes, please specify the account that should be changed: ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_.  
Is this authorization only for certain types of payments? \_\_\_\_\_ (Yes or No). If yes, please indicate types:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Many banking Institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted: \_\_\_\_\_ Phone No. \_\_\_\_\_

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DEPOSITORY/BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ACH TRANSIT / ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

NAME(S) \_\_\_\_\_  
(Please print names of authorized account signatory)

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE  
ADVISES ROUTED WHEN PAYMENTS ARE PROCESSED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

**FOR STATE USE ONLY:**

Contact Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

## INSTRUCTIONS FOR AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

A governmental unit or other political subdivision that has a LGIP account may have its state shared taxes and/or any other state funds that it receives deposited directly to its LGIP account by completing the Authorization Agreement for Automatic Deposits. Instructions for each line follow:

1. **Name** - Insert the name of the governmental entity or political subdivision on the first name line.
2. **FIN or SSN** - Insert the Federal Identification number of the governmental entity or political subdivision.
3. **Checking/Savings** - Insert an X in the block next to the word Savings
4. **Do you currently receive payments from the State through ACH?** yes or no
5. **If yes, do you intend for this account information to replace other existing account information currently used by the State?** - no
6. **If yes, please specify the account that should be changed** - N/A
7. **Is this authorization only for certain types of payments?** yes **Indicate types** - State shared taxes and other State funds
8. **Bank official contacted** - N/A
9. **Depository Name** - Insert State of Tennessee Treasury Department  
**Branch** - Insert Local Government Investment Pool
10. **City** - Insert Nashville  
**State** - Insert Tennessee
11. **Transit/ABA No.** - Insert 064107091  
**Account Number** - Insert the Local Government Investment Pool account number where you want these funds deposited.
12. **Name(s)** - Print the name or names and title of individuals in your organization who are requesting this direct deposit method of payment. One name is sufficient unless your procedures require two.
13. **Date** - Insert the date that you complete the application form.
14. **Attach a voided check/deposit slip below** - The LGIP has no deposit slips. Attach a copy of an account statement to verify the LGIP account number requested on the application to receive deposits.
15. **Address** - list information as requested.

**Mail this completed form to :**      **Department of Finance and Administration**  
   **Attention: Division of Accounts**  
   **15th Floor, Andrew Jackson State Office Building**  
   **Nashville, TN 37243**

*Inquiries regarding this application may be directed to the Division of Accounts at (615) 741-2140.*